

STAHL[®] companies



2022 EMPLOYEE BENEFITS GUIDE
January 01, 2022 – December 31, 2022



Welcome to Open Enrollment for Your Benefits!

When is Open Enrollment?
November 16 through November 30, 2022

When are My Benefits Effective?
January 1, 2023

What are the Health Care Reform Law Requirements and How Will They Impact Me?

There may be an impact to any employee, spouse or dependents who do not have health insurance as of January 1, 2022. See page 4 for more information.

Please note: Our Employee Benefits Guide contains crucial information that you will need to know to help you make well-informed decisions during our Open Enrollment Period or your New Hire Enrollment Period and how those decisions will have an effect on the 2022 Individual Mandate Requirement of Health Care Reform. We encourage all employees to review all information in this guide carefully.

If you (and/or your dependents) have Medicare or will become eligible for Medicare in the next 12 months, a Federal law gives you more choices about your prescription drug coverage. Please see page 25-26 for more details.

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Dear Stahl Companies Employee,

Stahl Companies strives to provide our employees with a competitive and comprehensive benefit package that is one of the best in the industry. We regard our employees as our greatest asset, which is why we invest in a benefit package that safeguards the health and well-being of our employees.

As healthcare costs continue to rise during these tough economic times and the additional costs due to the Health Care Reform “Employer Shared Responsibility” requirements, Stahl Companies’ challenges to offer comprehensive yet affordable benefit packages has never been greater.

In order to continue providing our employees with high-quality health benefits, we are asking for your help. Companies that are able to manage their costs effectively are the ones that are able to regard their employees as healthcare consumer and the ones that can provide them with the reliable information, readily-available resources, and strong support they need to get the most out of their healthcare plan’s value.

Stahl Companies will ensure that you are aware of the different opportunities to aid us in controlling our healthcare costs. We can achieve this by working together to become smarter healthcare consumers. We will all enjoy the reward of lowered healthcare costs.

Thank you all.

Eligibility

Employees and dependents are eligible to participate in the benefit programs on the first day of the month following the date of hire (regular full-time employees working 30 or more hours per week), except those hired on the first day of the month will be covered as of that date.

Your dependents generally include:

- A spouse to whom you are legally married
- A dependent child under age 26 (including children, stepchildren, foster children and legally adopted children)
- A dependent child over age 26 who is incapable of self-support because of a mental or physical disability that existed before age 26

How to Make Your Benefit Elections

If you are an employee eligible for benefits, you'll have access to the ADP Employee Self Service (ESS) portal to make your benefit elections. Click on the "Benefits" tab and follow the instructions. Contact the Human Resource Department if you experience any problems with the ADP ESS System.

New Hires

New Hires are given 31 days from their hiring date to make benefits elections. Coverage will be effective the first of the month following hire date, except those hired on the first day of the month will be covered as of that date. One can only make changes to the coverage during the year if a qualifying life event occurs.

When Can I Make Changes?

Open enrollment occurs in November of each calendar year. You may change benefit elections during the Open Enrollment Period. Once you have made a selection, you may not change benefit elections until the next Open Enrollment Period or unless you have a qualifying life event in employment or family status.



Qualifying Life Events include:

- Marriage, divorce or legal separation
- Adding a dependent child through birth, adoption or court-ordered custody
- Death of a spouse or child
- Change in your work schedule affecting benefits, i.e. full-time to part-time or part-time to full-time
- Your dependent loses eligibility for coverage
- Your spouse involuntarily loses health coverage through his/her employer
- You and/or your spouse and dependents become eligible for COBRA
- You and/or your spouse and dependents gain or lose Medicaid or CHIP coverage
- You receive a Qualified Medical Child Support Order (QMCSO)

If you experience a Medicaid or CHIP Qualifying Life Event, you have 60 days to inform the human resources department and make any preferred benefit changes.

If you experience any other of the above qualifying life events, you have 30 days to inform the human resources department. Otherwise, elections you make during Open Enrollment will remain in effect for the entire plan year.

Individual Shared Responsibility

What is Individual Shared Responsibility?

At the start of the main provision of the Affordable Care Act (ACA) requires most individuals to get an acceptable health insurance coverage for themselves and their family members or pay a tax.

If you are covered under your employer's group health plan, or if you are currently covered by a government program such as Medicare, you remain covered under those programs and you will not be required to pay a tax for every month you are covered under any of these plans, as long as the plan has the "minimum essential health coverage."

How Much is the Individual Shared Responsibility Tax?

In 2021, the annual tax will start at \$95 per person or up to 1 percent of income, whichever is greater. For 2022, the annual tax increased to the greater of \$325 per person or up to 2 percent of income. In 2023, the tax further increased to the greater of \$695 per person or up to 2.5 percent of income.

"Income" for this purpose is the household income minus the exemption (or exemptions for a married couple) and standard deductions. Families will pay half the penalty amount for children.

The penalty is computed on a monthly basis, and will be evaluated for every month in which you go without any coverage. There is no penalty for a single lapse in coverage that lasts less than three months in one year.

What is minimum essential coverage?

Minimum essential coverage is defined as:

- Coverage under certain government-sponsored plans
- Certain employer-sponsored group plans, with respect to any employee
- Plans in the individual market,
- Grandfathered health plans
- Any other health benefits coverage, such as a state health benefits risk pool, as recognized by the HHS Secretary.

Minimum essential coverage does not include health insurance coverage consisting of excepted benefits, such as dental-only coverage.

Because this provision has the effect of "requiring" individuals to have coverage, it is often referred to as the "individual mandate."

Who is exempt from the individual mandate?

You may be exempt from the individual mandate penalty if you:

- Cannot afford coverage (that is, a required contribution for coverage would cost more than 8 percent of your household income);
- Have income below the federal income tax filing threshold;
- Are not a citizen, national or lawfully present in the United States;
- Experience a gap in coverage for less than a continuous three-month period;
- Qualify as a religious conscience objector;
- Are a member of a health care sharing ministry;
- Are a member of certain Indian tribes;
- Are given a hardship exemption by HHS, or
- Are incarcerated

If you are eligible for an exemption for any day of a month, the IRS will treat you as exempt for the entire month.

In addition, if you are enrolled in a Public Exchange plan during the initial enrollment period, which ran from October 1, 2021 to March 31, 2022, you are exempted from the Individual Shared Responsibility tax for months prior to the effective date of your coverage.

How will the tax be collected?

Starting in 2022, everyone who files a federal tax return for the previous tax year will be required to report the following:

- Which members of your family (including yourself) were exempt from the individual mandate, and
- Whether each person who is not exempt had insurance coverage for that year.

You will owe a tax for each non-exempt family member who doesn't have coverage. If you and your spouse file a joint return, you are jointly liable for the taxes that apply to either or both of you.

New for 2022

Effective January 1, 2022

- ❑ New medical carrier: United Healthcare
 - ➔ Stronger provider network
 - ➔ New four-tier coverage structure
 - ➔ Enhanced benefits
- ❑ We are adding a **third** medical option with an HRA for 2022!
- ❑ As in past enrollments, all eligible employees will be required to review, waive or make changes to, and confirm benefit elections by November 30, 2022 in order to continue benefits for 2023.
- ❑ No change to dental, vision, life and disability benefits for 2022.

Summary of Benefits

- ❑ HMO Medical Plan provided by United Healthcare
- ❑ POS Medical Plan provided by United Healthcare
- ❑ POS Medical Plan with HRA Provided by United Healthcare
- ❑ Prescription Benefits (included in medical plan) provided by United Healthcare
- ❑ PPO Dental Plan provided by MetLife
- ❑ Vision Care Plan provided by VSP
- ❑ Life and AD&D Insurance provided by The Hartford
- ❑ Short-Term Disability Income Protection provided by The Hartford
- ❑ Long Term Disability Insurance provided by The Hartford
- ❑ Voluntary Life Insurance provided by The Hartford
- ❑ 401(k) Retirement Plan administered by Fidelity
- ❑ Employee Assistance Program provided by The Hartford



Medical United Healthcare Plans

Stahl Companies provides all employees who are eligible for the choice of three, high-quality options through United Healthcare.

Benefit Description: Stahl Companies offers employees a choice of a HMO, POS or POS HRA medical plan. These three plans:

- ❑ Cover preventive care at 100%
- ❑ Cover physician office visits after a low copayment

All three plans include prescription drug coverage through a network of national pharmacies, for a low copayment.

Important: It is essential to use providers in United Healthcare's network. The HMO plan covers in-network only expenses except in the case of a true medical emergency. The POS plans provide coverage when using providers who are not participating in UHC's network, but the benefits are significantly reduced and out of pocket costs are greater.

Enrollment Deadline: You may enroll in a medical plan during Open Enrollment, within the first 31 days of your employment, or if you experience a qualifying life event.

How to Enroll: Through the ADP Employee Self Service (ESS) portal. Log in and click the Benefits tab, and follow the link that will direct you to the benefits portal.

Start of Coverage: Begins on the first day of the month following your hiring date. If your hire date is the first of the month, benefits will begin that day.

End of Coverage: Ends on the last day of the month when you separate from the company or when you are no longer eligible to participate in the benefits. Continuation of this benefit is available through COBRA.

Resources Available through UHC

United Health provides a wealth of resources to aid you and your family members in improving your overall health, managing your costs and understanding your medical benefits.

United Healthcare Member Portal

Don't miss out on anything! Sign up at www.myuhc.com, go to the member log-in section, and click register, then follow the prompts.

Once registered, you can:

- ❑ Review current benefits
- ❑ Find medical network providers
- ❑ Manage prescriptions
- ❑ Learn about treatment options & estimated costs
- ❑ Take a health risk assessment
- ❑ Print a medical ID card
- ❑ Find wellness topics such as smoking cessation
- ❑ Save on weight-loss programs and gym memberships
- ❑ Get support for chronic conditions
- ❑ And more!



An **HRA** is a health coverage option that provides you with a medical plan at a lower premium cost and a high deductible, with a health account *(funded by Stahl Companies)* to help meet the cost of that deductible.



Stahl Companies contributes the following to an HRA:

- ➔ Employee Only: **\$750** toward medical and Rx expenses
- ➔ Employee + dependent(s): **\$1,500** toward medical and Rx expenses

These funds can be used for deductibles or copays.

Unused HRA funds are NOT rolled over to the next year.

	UHC Choice HMO	UHC Choice Plus POS	UHC Choice Plus POS w HRA
	In-Network Benefits	In-Network Benefits	In-Network Benefits
Annual Deductible Ind/Family	\$300 / \$600	\$500 / \$1,000	\$2,000 / \$4,000
HRA Funds (Indiv/Indiv+1 or family)	N/A	N/A	\$750 / \$1,500
Co-Insurance (member responsibility)	0%	10%	20%
Out-of-Pocket Max Ind/Family	\$6,250 / \$12,500	\$2,000 / \$4,000	\$4,000 / \$8,000
Preventive Care Services	No Charge	No Charge	No Charge
Dr. Copay PCP/Specialist	\$20 / \$30 copay	\$30 / \$50 copay	\$30 / \$50 copay
Diagnostic Lab & X-Ray	No Charge	10% after deductible	20% after deductible
Complex X-Ray (MRI, CAT, PET)	No Charge	10% after deductible	20% after deductible
Urgent Care Visit	\$50 copay	\$50 copay + 10%	\$50 copay + 20%
Emergency Room	\$150 Copay per visit	\$150 Copay + 10%	\$150 Copay + 20%
In-Patient Hospitalization	\$200 Copay/admission	\$200 Copay/adm. + 10%	\$200 Copay/adm. + 20%
Outpatient Surgery Center	\$100 Copay per visit	\$100 Copay + 10%	\$200 Copay/adm. + 20%
Mental Health Inpatient	\$200 Copay/adm.	\$200 Copay/adm. + 10%	\$200 Copay/adm. + 10%
Mental Health Outpatient	\$20 Copay per visit	\$30 Copay per visit	\$30 Copay per visit
	Out-of-Network Benefits	Out-of-Network Benefits	Out-of-Network Benefits
Annual Deductible Ind/Family	N/A	\$2,000 / \$4,000	\$4,000 / \$8,000
Co-Insurance (member responsibility)	N/A	30%	40%
Out-of-Pocket Max Ind/Family	N/A	\$6,000 / \$12,000	\$8,000 / \$16,000

Benefits	In-Network	Mail Order	Out-of-Network
Annual Rx Deductible	none		
	Retail	Mail Order (90 day)	
Tier 1– Generic	\$10.00	\$20.00	Not covered
Tier 2– Brand Preferred	\$25.00	\$50.00	Not covered
Tier 3– Brand Non-Preferred	\$50.00	\$100.00	Not covered
Preferred Preventive Drugs (ACA)	\$0.00	N/A	Not covered



Important note:

If you have been prescribed a Brand name drug, for which a generic brand equivalent is available, be sure to have your doctor write **“dispense as written”** on the prescription.

Otherwise, you will be charged the difference between the cost for the brand name and the generic brand.

	POS Rx Plan		
Benefits	In-Network	Mail Order	Out-of-Network
Annual Rx Deductible	none		
	Retail	Mail Order (90 day)	
Tier 1– Generic	\$20.00	\$40.00	\$20 copay + 30%
Tier 2– Brand Preferred	\$35.00	\$70.00	\$25 copay + 30%
Tier 3– Brand Non-Preferred	\$70.00	\$140.00	\$70 copay + 30%
Preferred Preventive Drugs (ACA)	\$0.00	N/A	\$0.00

MetLife Dental Plan - Keep your teeth, mouth, and gums healthy!

Stahl Companies provides dental benefits through MetLife. With this PPO dental plan, you have the freedom to select any dentist you prefer. Dentists who participate in your dental plan’s network have contracted to provide care at a discounted rate. The participating dentists will also file your claims. Pre-set coinsurance co-pays are applied. You may see a dentist who does not participate in your dental plan’s network; however, you will not receive the participating dentist discounts, and your out-of-pocket costs will increase. Out-of-network benefits will be paid out based on reasonable and usual charges.

MetLife Dental Plan Summary		
Benefit Description	PPO Plan	
	In-Network	Out-of-Network
	Dental Plan Pays	Dental Plan Pays
Class I – Preventive Services Diagnostic / Preventive; Cleaning, X-rays, Exams, Sealants, Space Maintainers and Flouride (under age 16 only)	100% Deductible Does Not Apply	100% Deductible Does Not Apply
Annual Plan Year Deductible Applies to all Services Except Preventive	\$50 per person / \$150 family maximum	
Annual Plan Year Maximum Benefit	\$1,500	
Class II – Basic Restorative Care Fillings, Simple Extractions, Surgical Extraction, Anesthetics, Periodontics, Root Canals, Repairs	80% after deductible	80% after deductible
Class III – Major Restorative Care Crowns, Bridges, Dentures	50% after deductible	50% after deductible
Orthodontia	50% and \$1,000 lifetime max per person (children under 19)	

Voluntary Vision Plan: Great value on eye care and eyewear!

Stahl Companies provides access to vision care benefits through VSP in 2022. Every year, you are eligible for a WellVision eye exam and contact lens or lenses/frames. Co-pays and coinsurance are applied. You can go to www.vsp.com to locate participating providers. If you see a non-participating provider, you will be responsible for 100% of the cost at the time of service. To obtain direct reimbursement according to your plan design, you can print a claim form from www.vsp.com.

Vision Plan		
Benefit	In-Network	Out-of-Network
	Vision Plan Pays	Vision Plan Pays
Eye Exam – <i>One exam every 12 months</i>	100% after \$10 copayment	Reimbursed up to \$50
Lenses <i>Limited to one pair every 12 months</i> Single Vision Bifocal Lenses Trifocal Lenses	100% after \$10 copayment 100% after \$10 copayment 100% after \$10 copayment	Reimbursed up to \$50 Reimbursed up to \$75 Reimbursed up to \$100
Frames <i>Limited to one every 12 months</i>	100% up to \$130 allowance	Reimbursed up to \$70
Contact Lenses (In lieu of lenses / frame) <i>Limited to two pairs every 12 months</i> Elective Contact Lens Exam (Fitting & Evaluation)	100% up to \$130 allowance 100% after (up to) \$60 copayment	Reimbursed up to \$100

Payroll Deductions

Payroll Deductions and Section 125

Stahl Companies has established a Section 125 plan that will enable you to make payroll contributions for certain benefits, on a pre-tax basis. That is, the contribution will be deducted from your pay before federal, state and social security taxes are withheld. The following chart shows which costs are deducted from your pay on a pre-tax basis.

Your Costs in 2022

Please refer to the next page for the medical, dental and vision payroll contributions effective January 1, 2022 - December 31, 2022.

Pre-Tax	Post-Tax
Medical Coverage	Supplemental Life/AD&D
Dental Coverage	Dependent Life/AD&D
Vision Coverage	
Healthcare Flexible Spending Account	
Dependent Care Flexible Spending Account	
Commuter Benefits Spending Account	
401(k)	

Semi-Monthly Deductions for Full-Time Employees
(Employees Scheduled to Work 30 Hours per week)

Medical Benefits

HMO	Employee Only	\$70.80
	Employee + Spouse	\$200.61
	Employee + Child(ren)	\$168.41
	Family	\$279.54
POS	Employee Only	\$64.78
	Employee + Spouse	\$157.31
	Employee + Child(ren)	\$132.07
	Family	\$219.21
POS HRA	Employee Only	\$47.80
	Employee + Spouse	\$120.93
	Employee + Child(ren)	\$101.52
	Family	\$168.51

Dental Benefits

Employee Only	\$11.75
Employee + Spouse	\$24.75
Employee + Child(ren)	\$24.75
Family	\$40.25

Voluntary Vision Benefits

Employee Only	\$6.03
Employee + Spouse	\$8.47
Employee + Child(ren)	\$10.07
Family	\$16.09



Flexible Spending Account Program (FSA)

FSA Plan Year January 1, 2022 - December 31, 2022

The FSA is a tax advantage way to pay for health and/or dependent care expenses. This added benefit enables you to pay for said expenses using pre-tax dollars, lowering your taxable income resulting in a higher take home pay.

Benefit Description:

Health Care FSA

The Health Care FSA helps pay for eligible medical expenses including:

- Health/Dental/Vision deductibles, co-insurance and co-payments
- Prescriptions
- Vision care including glasses, contact lenses, saline solution and laser eye surgery
- Dental expenses including orthodontia

Dependent Care FSA

The Dependent Care FSA offers tax relief for day care costs for children through age 12 and adult day care. Eligible expenses include:

- Day care provided by a licensed facility
- In-home dependent care
- Before/after school care programs
- Preschool
- Summer day camp

How Much Can You Save?

Your contributions to an FSA are exempt from federal taxes (Income, FICA and Medicare) and in most cases state and local taxes. *(Note: Medical and Dependent Care FSA contributions by New Jersey residents are subject to state tax, as are Dependent Care FSA contributions made by Pennsylvania residents).* Most participants save at least 28% (savings vary by tax bracket). Please the chart provided to learn more about how an FSA can save you money.

The following is an example of how using an FSA can reduce taxable income:

	Participating in FSA	Not Participating
Annual Earnings	\$25,000	\$25,000
Qualified Expenses Submitted through an FSA	\$2,000	N/A
Taxable Wages	\$23,000	\$25,000
Estimated Taxes	\$3,480	\$3,750
Qualified Expenses Not Submitted Through an FSA	N/A	\$2,000
Take Home Pay	\$19,520	\$19,250
Savings	\$270	\$0

How Much Can You Direct into Your FSA?

- ❑ Health FSA maximum is \$2,550 annually.
- ❑ Dependent Care FSA maximum is \$5,000 annually per family.

Debit Card: All employees who participate in the health FSA benefit will be given a debit card to pay for their qualified expenses. The ADP debit card looks and functions like the usual credit card, but it is only accepted at specific types of merchants or provider locations. Just remember to keep your receipt(s) and upon request, fax, or download them to the ADP portal.

Enrollment Deadline: You may enroll in a FSA within the first 31 days of your employment, or if you experience a qualifying life event. Annual re-enrollment is required to continue this benefit each year.

How to Enroll: Enrollment is through the ADP portal.

Start of Coverage: Begins on the first day of the month following your hire date. If your start date is the first of the month, benefits will begin that day. If you enroll during the open enrollment period, benefits will begin January 1, 2023.

Run Out Period: The plan year will end on December 31 but you have until March 31 to submit eligible medical expenses if incurred before the end of the year.

End of Coverage: Ends on the last day of the plan year, upon separation from the company, or when you are no longer eligible to participate in the benefits. Expenses must be incurred before the date of separation. Continuation of this benefit may be available through COBRA.

Important Notes:

- The FSA plan year runs from January 1, 2022 - December 31, 2022
- Our FSA vendor is ADP.
- Unused funds will be forfeited (*for example: "use it or lose it"*). Be sure that you carefully plan your expenses so that you do not over-budget.
- Remember that you can sign up for the direct deposit option.
- Both spouses must work or attend school full
- -time in order to take advantage of the dependent care FSA.
- Save all your receipts! ADP or the IRS could request documentation for any claim substantiation.
- You can always check your FSA balances by logging on to myspendingaccount.adp.com.

Reimbursements and the ADP Card

As you incur eligible expenses, simply submit a request for reimbursement to ADP to receive your reimbursements, up to the amount of your annual contribution. ADP offers multiple means for requesting a reimbursement: via fax, email, mobile app, or online. For added convenience, you will be issued an ADP Debit Card to access your FSA funds directly when paying for eligible expenses at the point of purchase. This helps in eliminating the need for manually filing your requests for reimbursement. On the rare occasion when you don't use your ADP Card to pay for an eligible expense, simply submit a request for reimbursement.

Transportation Reimbursement Account

The Transportation Reimbursement Account allows participating employees to pay for qualified work-related commuting and parking expenses on a pre-tax basis.

Eligible expenses include:

- ❑ Public Transportation (bus, train, ferry, subway)
- ❑ Commuter Highway Vehicles (vanpools)
- ❑ Parking (ramp, park n ride)

Program Requirements

- ❑ Eligible commuter expenses must be work-related
- ❑ Eligible parking expenses must include parking at or near your place of employment or at a location from which you commute to work.

How Much Can You Direct into Your Transportation Reimbursement Account?

- ❑ 2022 Parking limits: \$255 per month.
- ❑ 2022 Commuter limits: \$130 per month.

How to Use Your Benefit

Enroll, adjust contribution amount, or terminate benefit between the first and the tenth of the month. Election will begin the following month.

Important Notes:

- Benefit Administered by ADP
- Cannot be used for:
 - Tolls
 - Gas or other auto related expenses
- If you are already participating in a Parking or Metro Transportation Program and/or receiving a subsidy, you are not eligible for this program.

Basic Life and AD&D Insurance Coverage

Stahl Companies will be providing both group Life Insurance and Accidental Death & Dismemberment (AD&D), through The Hartford, for all benefit Basic eligible employees.

The premiums are paid in full by Stahl Companies and all employees are automatically enrolled in these benefits.

Benefit Description

- ❑ **Basic Life Insurance:** Life insurance that is provided to your designated beneficiary should you die. The benefit is two (2) times basic annual earnings rounded up to the next highest \$1,000, to a maximum benefit of \$100,000.
- ❑ **Accidental Death and Dismemberment (AD&D):** Benefit that is paid in an event that you are seriously injured or killed as a result of an accident. The accident death benefit is two (2) times basic annual earnings rounded up to the next highest \$1,000, to a maximum benefit of \$100,000. The dismemberment benefit will depend on the injuries sustained.



Start of Coverage: Begins on the first day of the month following your hiring date. If your hire date is the first of the month, benefits will begin that day.

End of Coverage: Ends upon separation from the company or when you are no longer eligible to participate in the benefits. Continuation of this benefit is available. Contact The Hartford within 31 days of your date of separation if you wish to continue your life benefit.

Voluntary Life Insurance and Accidental Death and Dismemberment (AD&D)

Stahl Companies provides the option for you to purchase additional Life Insurance and Accidental Death and Dismemberment (AD&D) Insurance for yourself, your spouse, and your dependent child(ren) through The Hartford.

Benefit Description:

Employee Life Insurance: All Eligible employees may apply to purchase Life and AD&D Insurance through The Hartford, in increments of 1x your annual earnings up to 5x your annual earnings, not to exceed a maximum of \$500,000. Employees pay 100% of the cost through convenient payroll deductions. When applying for voluntary life Insurance within 31 days of first being eligible for this benefit, the guarantee issue amount is \$200,000. If you apply for an amount greater than the guarantee issue, or if you apply for life insurance more than 31 days after your eligibility date, as a compulsory requirement, you will be asked to complete an Evidence of Insurability (EOI) form and must be approved for the selected amount.

Spouse Life Insurance: You may choose Life Insurance and AD&D for your spouse in the amounts of \$20,000, \$50,000, \$100,000, \$150,000, \$200,000, \$250,000 or \$300,000. When applying for voluntary life insurance within 31 days of first being eligible or within 31 days of marriage, the guarantee issue amount is \$20,000. If you apply for an amount greater than the guarantee issue, or if you apply for life insurance more than 31 days after your eligibility date, as a compulsory requirement, you will be asked to complete an Evidence of Insurability (EOI) form and must be approved for the selected spouse's life insurance amount.

Child Life Insurance: You may choose Life Insurance and AD&D for your dependent child(ren), up to the age of 19, in the amount of \$10,000 for each child.

Enrollment Deadline: You may choose coverage within 31 days of your date of hire. You may also apply for higher amounts of coverage at open enrollment. If you apply for an amount higher than the guarantee issue, or if you apply for life insurance more than 31 days after your eligibility date, as a compulsory requirement, you will be asked to complete an Evidence of Insurability (EOI) form and must be approved for the selected amount.

How to Enroll: Enrollment is through the ADP portal.

Start of Coverage: For new hires, coverage begins on the first day of the month following your hire date, for amounts up to the guaranteed issue amount. If your hire date is the first of the month, benefits will begin that day. If you are a late enrollee or for coverage amounts over the guaranteed issue amount, the benefit will start on the 1st or the 16th of the month after The Hartford approves the coverage.

End of Coverage: The coverage ends on the last day of the month in which you separate from the company or when you are no longer eligible to participate in the benefits. Continuation of this benefit is available. Contact The Hartford within 31 days of the date your coverage ends if you wish to continue the benefit.

Supplemental Life Insurance Monthly Rates per \$1,000 of Coverage

Age	Employee Life Insurance	Spouse Life Insurance
< 20	\$0.064	\$0.064
20-24	\$0.064	\$0.064
25-29	\$0.077	\$0.077
30-34	\$0.103	\$0.103
35-39	\$0.115	\$0.115
40-44	\$0.128	\$0.128
45-49	\$0.193	\$0.193
50-54	\$0.295	\$0.295
55-59	\$0.551	\$0.551
60-64	\$0.846	\$0.846
65-69	\$1.628	\$1.628
70+	\$2.641	\$2.641

Child(ren) Life Insurance

\$0.174 per \$10,000



Premium Calculation

Example: 49-year-old employee elects \$100,000 life insurance coverage for himself.

Monthly Premiums

Life: $100,000 / 1,000 \times \$0.193 = \$19.30/\text{month}$

Short-Term Disability (STD) Benefits

Stahl Companies provides short-term disability (STD) income protection through The Hartford, for all employees eligible for the benefit. In the event you are disabled due to a non-work-related accident or illness and are unable to perform your job duties, you will be eligible to receive 60% of your weekly salary, up to a \$1,500 maximum weekly benefit. Benefits begin on the 8th day for an accident or an illness. Benefits are payable for up to 13 weeks. The premiums are paid in full by Stahl Companies and all employees are automatically enrolled in this benefit.

Long-Term Disability (LTD) Benefits

Stahl Companies also provides long-term disability through The Hartford for all employees eligible for the benefit. Benefits start on the 91st day of disability (usually after STD has been exhausted) and the benefit payable is equal to 50% of your monthly salary, to a maximum of \$5,000 per month. The premiums are paid in full by Stahl Companies and all employees are automatically enrolled in this benefit.

Coverage Eligibility Under Both Benefits Begins on the first day of the month following your date of hire. If your hire date is the first of the month, your eligibility will start on that day. The STD benefits begin on the 8th day for an accident or illness and the LTD benefit begins on the 91st day after the STD benefit has been exhausted.

Coverage Ends upon your separation from the company or when you are no longer eligible to participate in the benefits. New claims cannot be filed on or after the date coverage ends. As described in the Plan document, pending claims remain in effect until a final determination is made by The Hartford.

Long-Term Disability (LTD) Buy-up

You have the alternative to upgrade your LTD by purchasing coverage that pays you a benefit of 60% of your earnings to a maximum monthly benefit of \$13,000/month.

The rate would be \$.193 per \$100 of covered payroll.

What is an EAP?

EAP Stands for Employee Assistance Program (also referred to as Ability Assist). Stahl Companies, in a contract with The Hartford, offers this program for employees. Your EAP provides you and your family with free and private help in dealing with your personal problems.

What Kind of Problems Can EAP Help Address?

Your EAP can help you and your family with most personal problems that can affect your overall well-being and your job performance. These may include family or marital troubles, financial/legal difficulties, work/life balance situations, emotional or stress-related problems, drug or alcohol abuse or any problems related to your work.

The EAP provides a counselor who can help evaluate the problem and see to it that you or your family members receive the kind of assistance you need.

How Do I Use the EAP?

To get help, you can call 1-800-964-3577 and an advocate is ready to help and assess your needs and develop a solution to provide you with any resolutions for your concerns. He or she can also refer you to an array of resources in your community and online tools.

Does EAP Include Counseling Sessions?

Each family member is entitled to up to 3 confidential counseling sessions every year with a local counselor, free of charge.



Who Pays for the EAP?

The EAP is free for you and your family. Stahl Companies will pay for these services. However, if additional services are needed aside from the 3 free counseling sessions provided every year, the EAP staff will work with you to find services covered by your health insurance or that you can afford.

Will Stahl Companies Be Informed if I Use the EAP Services?

EAP values your privacy; therefore, we implement strict confidentiality when you use EAP. Rest assured that if you or a family member contacts the EAP directly, no one at Stahl Companies will know unless you inform them. In case your supervisor refers you to EAP due to your job performance, no information regarding your participation will be released without your written consent.

What Additional Services Does EAP Offer?

Travel Assist provides services for any business or vacation travels. For this free service, call 1-800-243-6108.

Estate Guidance aids you creating a legal will online. The basic service is free (code: HFD 3310); however, any additional estate services are fee-based. Please visit www.estateguidance.com/wills.

401(k) Retirement Savings Plan



Fidelity administers Stahl Companies' 401(k) Retirement Savings Plan. Stahl Companies will match 50% on the dollar up to the first 6% of the employee's contribution through payroll deductions for a total of 3%.

IRS contribution limits are applied. Your contributions are always 100% vested in the 401k plan. Stahl Companies' match is vested after 3 years.

Newly hired and re-hired employees who meet the eligibility requirements will be automatically enrolled in the plan and 3% of your pay will be withheld and invested into the appropriate level Freedom Fund. Employees who wish to opt-out may do so by contacting Fidelity online at www.401k.com.

Make sure you take advantage Stahl Companies' additional programs and benefits:

- **529 College Savings Plan** – Funds can be used to pay for qualified higher education expenses.
- **Tuition Reimbursement** – Stahl Companies offers reimbursements for pre-approved education expenses up to the IRS maximum of \$5,250 per calendar year if the employee achieves a "C" or better.
- **Credit Union Membership** – Stahl Companies is affiliated with two credit unions: NASA Federal Credit Union (NASAFCU) and "State Department Federal Credit Union (SDFCU).
- **Computer Reimbursement Loan Program** – Stahl Companies offers an interest-free loan of up to \$2,000 for the purchase of computer equipment and peripherals for personal use payable within a period of 18 months.
- **Employee Training** – Stahl Companies encourages its employees to grab any opportunity to upgrade their job skills and offers any practical means to improve their opportunities for promotion.
- **Charitable Matching Program** – Stahl Companies will match an employee's charitable contributions up to \$1,000 annually; \$25 minimum.
- **Professional Memberships** – Stahl Companies may reimburse for professional membership dues.
- **Long-Term Care** – Stahl Companies is proud to offer Long-Term Care Insurance as an option to employees and their family members. This coverage is administered by LTC Financial Partners, LLC.

Please contact HR for more information.



Your one-call benefits information hotline

CONTACT INFORMATION

Hours: Monday - Friday

8:00 AM - 5:00 PM EST

Phone: 855-874-6699 (Toll-Free)

Email: BRCEast@usi.biz

Welcome to the Benefit Resource Center

Let our Personal Benefit Advocates assist you and your family with your benefit questions and claim issues.

Call for assistance with:

- **Benefit Elections**
- **Benefit Plan/Policy Questions**
- **Eligibility**
- **Claim Issues with Carriers**
- **Change in Family Status**
- **Plan Contact Information**



The Women’s Health and Cancer Rights Act of 1998 (WHCRA)

The Women’s Health and Cancer Rights Act of 1998 (WHCRA) includes significant protections for patients who choose breast reconstruction in connection with mastectomy.

For a member who receives the benefits in connection with a mastectomy and who elects breast reconstruction, coverage will be stipulated in a manner based on the findings/results of the consultation with the attending physician and the patient for:

- ❑ reconstruction of the breast on which the mastectomy was performed;
- ❑ surgery and reconstruction of the other breast to produce a symmetrical appearance; and
- ❑ prostheses and treatment of physical complications at all stages of the mastectomy including lymphedemas

Benefits for the above-mentioned will be subject to similar subscriber cost-sharing provisions (i.e., deductible, copayment and coinsurance) as may be deemed suitable and as are consistent with those established for other included services. Your plan is already in compliance with this mandate and offers coverage for this benefit.

Important Notice from Stahl Companies About Your Prescription Drug Coverage and Medicare

Please read this notice carefully and keep it where you can find it. This notice has information about your existing prescription drug coverage with Stahl Companies and about your options under Medicare’s prescription drug coverage. This information can assist you in deciding whether or not you want to be included a Medicare drug plan. If you are contemplating on joining, you should make a comparison between your current coverage and Medicare’s drug plan, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get assistance to make choices about your prescription drug coverage is at the end of this notice.

There are two key things you need to know about your current coverage and Medicare’s prescription drug coverage:

- 1) Medicare prescription drug coverage became accessible in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that provides prescription drug coverage. All Medicare drug plans offer at least a regular level of coverage set by Medicare. Some plans may also offer more coverage for a more costly monthly premium.
- 2) Stahl Companies has determined that the prescription drug coverage provided by Stahl Companies’ Health Plan, is on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a greater premium (a penalty) if you later decide to join a Medicare drug plan.

When Can You Join a Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and every year from October 15th through December 7th.

However, if you lose your existing creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

What Happens to Your Current Coverage If You Decide to Join a Medicare Drug Plan?

If you choose to join a Medicare drug plan, it will not affect your Stahl Companies’ coverage and you can still continue your current benefits under the Stahl Companies’ Health Plan. The prescription drug benefits included under your health plan(s) can be found on the page with the prescription drug benefits.

If you do decide to join a Medicare drug plan and discontinue your current Stahl Companies coverage, be aware that you and your dependents may not be able to get this coverage back.

When Will You Pay a Higher Premium (Penalty) To Join a Medicare Drug Plan?

You should also know that if you drop or lose your existing coverage with Stahl Companies and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a more costly premium amount (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may increase up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may regularly be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to be able to join again.

For More Information About Your Options Under Medicare Prescription Drug Coverage:

For a more comprehensive information about Medicare plans that offer prescription drug coverage, you may refer to the "Medicare & You" handbook. You will receive a copy of the handbook from Medicare, sent to your mail each year. You may also contact Medicare drug plans directly.

For more information about Medicare prescription drug coverage:

- Visit www.medicare.gov
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help
- Call **1-800-MEDICARE (1-800-633-4227)**. TTY users should call **1-877-486-2048**.

If you have limited income and resources, financial assistance to help you pay your Medicare prescription drug coverage is available. For information about this assistance, visit Social Security on the web at www.socialsecurity.gov, or call them at **1-800-772-1213 (TTY 1-800-325-0778)**.

Remember: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium.

Medicaid and the Children's Health Insurance Program (CHIP) Offer Free or Low- Cost Health Coverage to Children and Families

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, a premium assistance program may be available in your state to assist you in paying for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs but you may be able to avail individual insurance coverage through the Health Insurance Marketplace. Visit www.healthcare.gov for more information.

If you or your dependents are currently enrolled in Medicaid or CHIP and you live in a State listed below, you may contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are **NOT** currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial **1-877-KIDS NOW** or www.insurekidsnow.gov to learn the steps on how to apply. If you're qualified, you may ask your state a program that might help you pay the premiums for an employer-sponsored plan is available.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and you must request coverage within 60 days of being determined eligible for premium assistance. If you have questions about enrolling in your employer plan, contact the Department of Labor at www.askebsa.dol.gov or call **1-866-444-EBSA (3272)**.

If you live in one of the following States, you may be eligible for assistance paying your employer health plan premiums. The following list of States is current as of January 31, 2014. You should contact your State for further information on eligibility.

ALABAMA – Medicaid

Website: <http://www.medicaid.alabama.gov>
Phone: 1-855-692-5447

ALASKA – Medicaid

Website: <http://health.hss.state.ak.us/dpa/programs/medicaid/>
Phone (Outside of Anchorage): 1-888-318-8890
Phone (Anchorage): 907-269-6529

ARIZONA – CHIP

Website: <http://www.azahcccs.gov/applicants>
Phone (Outside of Maricopa County): 1-877-764-5437
Phone (Maricopa County): 602-417-5437

COLORADO – Medicaid

Medicaid Website: <http://www.colorado.gov/>
Medicaid Phone (In state): 1-800-866-3513
Medicaid Phone (Out of state): 1-800-221-3943

FLORIDA – Medicaid

Website: <https://www.flmedicaidtprecovery.com/>
Phone: 1-877-357-3268

GEORGIA – Medicaid

Website: <http://dch.georgia.gov/>
Click on Programs, then Medicaid, then Health Insurance Premium Payment (HIPP)
Phone: 1-800-869-1150

IDAHO – Medicaid and CHIP

Medicaid Website: www.accesstohealthinsurance.idaho.gov
Medicaid Phone: 1-800-926-2588
CHIP Website: www.medicaid.idaho.gov
CHIP Phone: 1-800-926-2588

INDIANA – Medicaid

Website: <http://www.in.gov/fssa>
Phone: 1-800-889-9949

IOWA – Medicaid

Website: www.dhs.state.ia.us/hipp/
Phone: 1-888-346-9562

KANSAS – Medicaid

Website: <http://www.kdheks.gov/hcf/>
Phone: 1-800-792-4884

KENTUCKY – Medicaid

Website: <http://chfs.ky.gov/dms/default.htm>
Phone: 1-800-635-2570

LOUISIANA – Medicaid

Website: <http://www.lahipp.dhh.louisiana.gov>
Phone: 1-888-695-2447

MAINE – Medicaid

Website: <http://www.maine.gov/dhhs/ofc/public-assistance/index.html>
Phone: 1-800-977-6740
TTY 1-800-977-6741

MASSACHUSETTS – Medicaid and CHIP

Website: <http://www.mass.gov/MassHealth>
Phone: 1-800-462-1120

MINNESOTA – Medicaid

Website: <http://www.dhs.state.mn.us/>
Click on Health Care, then Medical Assistance
Phone: 1-800-657-3629

MISSOURI – Medicaid

Website: <http://www.dss.mo.gov/mhd/participants/pages/hipp.htm>
Phone: 573-751-2005

MONTANA – Medicaid

Website: <http://medicaidprovider.hhs.mt.gov/Events/DCpages/Events/DCindex.shtml>
Phone: 1-800-694-3084

NEBRASKA – Medicaid

Website: www.ACCESSNebraska.ne.gov
Phone: 1-800-383-4278

NEVADA – Medicaid

Medicaid Website: <http://dwss.nv.gov/>
Medicaid Phone: 1-800-992-0900

NEW HAMPSHIRE – Medicaid

Website: <http://www.dhhs.nh.gov/oii/documents/hippapp.pdf>
Phone: 603-271-5218

NEW JERSEY – Medicaid and CHIP

Medicaid Website: <http://www.state.nj.us/human-services/dmahs/Events/DCs/medicaid/>
Medicaid Phone: 1-800-356-1561
CHIP Website: <http://www.njfamilycare.org/index.html> ; CHIP Phone: 1-800-701-0710

NEW YORK – Medicaid

Website: http://www.nyhealth.gov/health_care/medicaid/
Phone: 1-800-541-2831

NORTH CAROLINA – Medicaid

Website: <http://www.ncdhhs.gov/dma>
Phone: 919-855-4100

NORTH DAKOTA – Medicaid

Website: <http://www.nd.gov/dhs/services/medicaidserv/medicaid/> Phone: 1-800-755-2604

OKLAHOMA – Medicaid and CHIP

Website: <http://www.insureoklahoma.org>
Phone: 1-888-365-3742

OREGON – Medicaid and CHIP

Website: <http://www.oregonhealthykids.gov>
<http://www.hijossaludablesoregon.gov>
Phone: 1-877-314-5678

PENNSYLVANIA – Medicaid

Website: <http://www.dpw.state.pa.us/hipp>
Phone: 1-800-692-7462

RHODE ISLAND – Medicaid

Website: www.ohhs.ri.gov
Phone: 401-462-5300

SOUTH CAROLINA – Medicaid

Website: <http://www.scdhhs.gov>
Phone: 1-888-549-0820

SOUTH DAKOTA - Medicaid

Website: <http://dss.sd.gov>
Phone: 1-888-828-0059

TEXAS – Medicaid

Website: <https://www.gethipptexas.com/>
Phone: 1-800-440-0493

UTAH – Medicaid and CHIP

Website: <http://health.utah.gov/upp>
Phone: 1-866-435-7414

VERMONT– Medicaid

Website: <http://www.greenmountaincare.org/>
Phone: 1-800-250-8427

VIRGINIA – Medicaid and CHIP

Medicaid Website: <http://www.dmas.virginia.gov/rcp-HIPP.htm>
Medicaid Phone: 1-800-432-5924
CHIP Website: <http://www.famis.org/>
CHIP Phone: 1-866-873-2647

WASHINGTON – Medicaid

Website: <http://hrsa.dshs.wa.gov/premiumpymt/Apply.shtm>
Phone: 1-800-562-3022 ext. 15473

WEST VIRGINIA – Medicaid

Website: www.dhhr.wv.gov/bms/
Phone: 1-877-598-5820, HMS Third Party Liability

WISCONSIN – Medicaid

Website: <http://www.badgercareplus.org/pubs/p-10095.htm>
Phone: 1-800-362-3002

WYOMING – Medicaid

Website: <http://health.wyo.gov/healthcarefin/equalitycare>
Phone: 307-777-7531

WISCONSIN – Medicaid

Website: <http://www.badgercareplus.org/pubs/p-10095.htm>
Phone: 1-800-362-3002

WYOMING – Medicaid

Website: <http://health.wyo.gov/healthcarefin/equalitycare>
Phone: 307-777-7531

To see if any more States have added a premium assistance program since January 31, 2014, or for more information on special enrollment rights, you can contact either: U.S. Department of Labor, U.S. Department of Health and Human Services Employee Benefits Security Administration Centers for Medicare & Medicaid Services

www.dol.gov/ebsa

www.cms.hhs.gov

1-866-444-EBSA (3272)

1-877-267-2323, Ext. 61565

Online Access through ADP Employee Self Service (ESS) Website

Stahl Companies provides you with the ability to conveniently access your employment information at your convenience through a secure online website. You are able to see your most recent pay statement, a summary of benefits, and other personal information. You can also update your home address, tax status, and emergency contact information.

Instructions to log in to the ADP Self-Service Website:

- ❑ Go to <https://portal.adp.com>. If you are not currently registered, please register as a new user by clicking: [First Time Users Register Here](#)
(Registration pass code=STGINC-PAYSTATEMENT, then follow the prompts to complete your registration)

- ❑ Log in using your username and password.

- ❑ Click on the Benefits tab to enter the benefits site.

Please contact your Human Resources Department for assistance.

Open Enrollment benefit elections are made through the ADP portal.

All benefits-eligible employees are required to review, make changes, waive and/or confirm your coverage through the ADP ESS Portal.

Carrier	Group Number	Telephone	Website/Email
Health & Dental Benefits			
Medical HMO - United Healthcare Medical and Prescription Drug	906315	1-866-633-2446	www.myuhc.com
Medical POS - United Healthcare Medical and Prescription Drug	906315	1-866-633-2446	www.myuhc.com
Medical POS with HRA- United Healthcare Medical and Prescription Drug	906315	1-866-633-2446	www.myuhc.com
Dental PPO - MetLife	302072	1-800-942-0854	www.metlife.com/mybenefits
Vision - VSP	122497861	1-800-877-7195	www.vsp.com
Life and Disability Benefits			
Life & AD&D Insurance	674494	1-800-538-8439	www.thehartfordatwork.com
Short-Term & Long-Term Disability	674494	1-800-538-8439	www.thehartfordatwork.com
Retirement Plans			
401(k) -Fidelity	81695	1-800-835-5097	www.401k.com
The Hartford Employee Assistance Program (EAP)			
Flexible Spending Account (FSA) -ADP		1-888-557-3156	https://portal.adp.com

This employee benefits guide summarizes all employee benefits that Stahl Companies provides. In case there are any differences between the benefits illustrated in this guide and the official company benefits plan document, the latter will always govern. Stahl Companies reserves the right to change or terminate these plans any time. This guide is in no way an effort to constitute a contract of employment.

You alone will have the responsibility to make your benefit elections. No one in Stahl Consulting is authorized to give you any advice. Therefore, please be meticulous and carefully consider all your benefit elections.

Revised July 2022.